

Senate File 463 - Introduced

SENATE FILE 463
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO SSB 1181)

A BILL FOR

1 An Act relating to the redesign of mental health and
2 disabilities services administered by regions comprised of
3 counties.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135.180, subsection 3, Code 2015, is
2 amended to read as follows:

3 3. The program shall provide stipends to support
4 psychiatrist positions with an emphasis on securing and
5 retaining medical directors at community mental health
6 centers, ~~providers of mental health services to county~~
7 ~~residents pursuant to a waiver approved under section 225C.7,~~
8 ~~subsection 3, Code 2011, designated under chapter 230A and~~
9 hospital psychiatric units that are located in mental health
10 professional shortage areas.

11 Sec. 2. Section 222.1, Code 2015, is amended to read as
12 follows:

13 **222.1 Purpose of chapter — state resource centers — special**
14 **unit at state mental health institute.**

15 1. This chapter addresses the public and private services
16 available in this state to meet the needs of persons with an
17 intellectual disability. The responsibility of the mental
18 health and disability services regions formed by counties and
19 of the state for the costs and administration of publicly
20 funded services shall be as set out in section 222.60 and other
21 pertinent sections of this chapter.

22 ~~1.~~ 2. The Glenwood state resource center and the Woodward
23 state resource center are established and shall be maintained
24 as the state's regional resource centers for the purpose of
25 providing treatment, training, instruction, care, habilitation,
26 and support of persons with an intellectual disability or other
27 disabilities in this state, and providing facilities, services,
28 and other support to the communities located in the region
29 being served by a state resource center. In addition, the
30 state resource centers are encouraged to serve as a training
31 resource for community-based program staff, medical students,
32 and other participants in professional education programs. A
33 resource center may request the approval of the council on
34 human services to change the name of the resource center for
35 use in communication with the public, in signage, and in other

1 forms of communication.

2 ~~2.~~ 3. A special intellectual disability unit may be
3 maintained at one of the state mental health institutes for the
4 purposes set forth in sections 222.88 to 222.91.

5 Sec. 3. Section 222.2, subsection 3, Code 2015, is amended
6 by striking the subsection.

7 Sec. 4. Section 222.2, Code 2015, is amended by adding the
8 following new subsections:

9 NEW SUBSECTION. 5A. *"Mental health and disability services*
10 *region"* means a mental health and disability services region
11 formed in accordance with section 331.389.

12 NEW SUBSECTION. 5B. *"Regional administrator"* means the
13 regional administrator of a mental health and disability
14 services region, as defined in section 331.388.

15 Sec. 5. Section 222.6, Code 2015, is amended to read as
16 follows:

17 **222.6 State districts.**

18 The administrator shall divide the state into two districts
19 in such manner that one of the resource centers shall be
20 located within each of the districts. Such districts may
21 from time to time be changed. After such districts have been
22 established, the administrator shall notify all boards of
23 supervisors, ~~county auditors,~~ regional administrators of the
24 mental health and disability services regions, and clerks of
25 the district courts of the action. Thereafter, unless the
26 administrator otherwise orders, all admissions of persons with
27 an intellectual disability from a district shall be to the
28 resource center located within such district.

29 Sec. 6. Section 222.12, subsection 2, Code 2015, is amended
30 to read as follows:

31 2. Notice of the death of the patient, and the cause
32 of death, shall be sent to the ~~county board of supervisors~~
33 regional administrator of the mental health and disability
34 services region of the patient's county of residence. The
35 fact of death with the time, place, and alleged cause shall be

1 entered upon the docket of the court.

2 Sec. 7. Section 222.13, Code 2015, is amended to read as
3 follows:

4 **222.13 Voluntary admissions.**

5 1. If an adult person is believed to be a person with
6 an intellectual disability, the adult person or the adult
7 person's guardian may ~~submit a request in writing through the~~
8 ~~central point of coordination process for the county board~~
9 ~~of supervisors of the adult person's county of residence to~~
10 apply to the department and the superintendent of any state
11 resource center for the voluntary admission of the adult person
12 either as an inpatient or an outpatient of the resource center.
13 ~~The board of supervisors shall, on forms prescribed by the~~
14 ~~department's administrator, apply to the superintendent of~~
15 ~~the resource center in the district for the admission of the~~
16 ~~adult person to the resource center. If the expenses of the~~
17 person's admission or placement are payable in whole or in
18 part by the person's county of residence, application for the
19 admission shall be made through the regional administrator. An
20 application for admission to a special unit of any adult person
21 believed to be in need of any of the services provided by the
22 special unit under section 222.88 may be made in the same
23 manner, ~~upon request of the adult person or the adult person's~~
24 ~~guardian.~~ The superintendent shall accept the application if
25 a preadmission diagnostic evaluation, ~~performed through the~~
26 ~~central point of coordination process,~~ confirms or establishes
27 the need for admission, except that an application shall not be
28 accepted if the institution does not have adequate facilities
29 available or if the acceptance will result in an overcrowded
30 condition.

31 2. If the resource center ~~has no~~ does not have an
32 appropriate program for the treatment of an adult or minor
33 person with an intellectual disability applying under this
34 section or section 222.13A, the ~~board of supervisors~~ regional
35 administrator for the person's county of residence or the

1 department, as applicable, shall arrange for the placement of
 2 the person in any public or private facility within or without
 3 the state, approved by the director ~~of the department~~ of human
 4 services, which offers appropriate services for the person, ~~as~~
 5 ~~determined through the central point of coordination process.~~
 6 If the expenses of the placement are payable in whole or in
 7 part by a county, the placement shall be made by the regional
 8 administrator for the county.

9 3. ~~Upon applying for admission~~ If the expenses of an
 10 admission of an adult ~~or minor person~~ to a resource center, or
 11 a special unit, or ~~upon arranging for~~ of the placement of the
 12 person in a public or private facility are payable in whole
 13 or in part by a mental health and disability services region,
 14 ~~the board of supervisors~~ regional administrator shall make a
 15 full investigation into the financial circumstances of ~~that~~ the
 16 person and those liable for ~~that~~ the person's support under
 17 section 222.78 to determine whether or not any of them are able
 18 to pay the expenses arising out of the admission of the person
 19 to a resource center, special ~~treatment~~ unit, or public or
 20 private facility. If the ~~board~~ regional administrator finds
 21 that the person or those legally responsible for the person are
 22 presently unable to pay the expenses, the ~~board shall direct~~
 23 ~~that~~ regional administrator shall pay the expenses ~~be paid by~~
 24 ~~the county.~~ The ~~board~~ regional administrator may review its
 25 such a finding at any subsequent time while the person remains
 26 at the resource center, or is otherwise receiving care or
 27 treatment for which this chapter obligates the ~~county~~ region
 28 to pay. If the ~~board~~ regional administrator finds upon review
 29 that the person or those legally responsible for the person
 30 are presently able to pay the expenses, the finding shall
 31 apply only to the charges incurred during the period beginning
 32 on the date of the review and continuing thereafter, unless
 33 and until the ~~board~~ regional administrator again changes its
 34 such a finding. If the ~~board~~ regional administrator finds
 35 that the person or those legally responsible for the person

1 are able to pay the expenses, the ~~board shall direct that~~
 2 regional administrator shall collect the charges ~~be so paid to~~
 3 the extent required by section 222.78, and the ~~county auditor~~
 4 regional administrator shall be responsible for the ~~collection~~
 5 payment of the remaining charges.

6 Sec. 8. Section 222.13A, Code 2015, is amended to read as
 7 follows:

8 **222.13A Voluntary admissions — minors.**

9 1. If a minor is believed to be a person with an
 10 intellectual disability, the minor's parent, guardian, or
 11 custodian may ~~request the county board of supervisors to~~
 12 apply to the department for admission of the minor as a
 13 voluntary patient in a state resource center. If the resource
 14 center does not have appropriate services for the minor's
 15 treatment, the ~~board of supervisors~~ department may arrange for
 16 the admission of the minor in a public or private facility
 17 within or without the state, approved by the director of human
 18 services, which offers appropriate services for the minor's
 19 treatment.

20 2. Upon receipt of an application for voluntary admission of
 21 a minor, the ~~board of supervisors~~ department shall provide for
 22 a preadmission diagnostic evaluation of the minor to confirm
 23 or establish the need for the admission. The preadmission
 24 diagnostic evaluation shall be performed by a person who meets
 25 the qualifications of a qualified intellectual disability
 26 professional who is designated ~~through the central point of~~
 27 coordination process by the department.

28 3. During the preadmission diagnostic evaluation, the
 29 minor shall be informed both orally and in writing that the
 30 minor has the right to object to the voluntary admission. If
 31 the preadmission diagnostic evaluation determines that the
 32 voluntary admission is appropriate but the minor objects to
 33 the admission, the minor shall not be admitted to the state
 34 resource center unless the court approves of the admission. A
 35 petition for approval of the minor's admission may be submitted

1 to the juvenile court by the minor's parent, guardian, or
2 custodian.

3 4. As soon as practicable after the filing of a petition for
4 approval of the voluntary admission, the court shall determine
5 whether the minor has an attorney to represent the minor in the
6 proceeding. If the minor does not have an attorney, the court
7 shall assign to the minor an attorney. If the minor is unable
8 to pay for an attorney, the attorney shall be compensated
9 by the ~~county~~ mental health and disability services region
10 at an hourly rate to be established by the ~~county board of~~
11 ~~supervisors~~ regional administrator in substantially the same
12 manner as provided in section 815.7.

13 5. The court shall order the admission of a minor who
14 objects to the admission, only after a hearing in which it
15 is shown by clear and convincing evidence that both of the
16 following circumstances exist:

17 a. The minor needs and will substantially benefit from
18 treatment or habilitation.

19 b. A placement which involves less restriction of the
20 minor's liberties for the purposes of treatment or habilitation
21 is not feasible.

22 Sec. 9. Section 222.14, Code 2015, is amended to read as
23 follows:

24 **222.14 Care by ~~county~~ region pending admission.**

25 If the institution is unable to receive a patient, the
26 superintendent shall notify the ~~county board of supervisors~~
27 ~~of~~ regional administrator for the county from which the
28 ~~application in behalf of residence~~ of the prospective patient
29 ~~was made of the time when such person may be received.~~

30 Until such time as the patient is able to be received by the
31 institution, or when application has been made for admission
32 to a public or private facility as provided in section 222.13
33 and the application is pending, the care of ~~said person~~ the
34 patient shall be provided as arranged by the ~~county board of~~
35 ~~supervisors~~ regional administrator.

1 Sec. 10. Section 222.59, subsection 1, unnumbered paragraph
2 1, Code 2015, is amended to read as follows:

3 Upon receiving a request from an authorized requester, the
4 superintendent of a state resource center shall coordinate
5 with the ~~central point of coordination process~~ regional
6 administrator for the person's county of residence or
7 the department, as applicable, in assisting the requester
8 in identifying available community-based services as an
9 alternative to continued placement of a patient in the state
10 resource center. For the purposes of this section, "*authorized*
11 *requester*" means the parent, guardian, or custodian of a minor
12 patient, the guardian of an adult patient, or an adult patient
13 who does not have a guardian. The assistance shall identify
14 alternatives to continued placement which are appropriate to
15 the patient's needs and shall include but are not limited to
16 any of the following:

17 Sec. 11. Section 222.60, subsections 1 and 2, Code 2015, are
18 amended to read as follows:

19 1. All necessary and legal expenses for the cost of
20 admission or for the treatment, training, instruction, care,
21 habilitation, support, and transportation of persons with
22 an intellectual disability, as provided for in the ~~county~~
23 applicable regional service system management plan ~~provisions~~
24 implemented pursuant to section ~~331.439, subsection 1,~~ 331.393
25 in a state resource center, or in a special unit, or any public
26 or private facility within or without the state, approved by
27 the director of human services, shall be paid by either:

28 a. The regional administrator for the person's county of
29 residence.

30 b. The state when the person is a resident in another state
31 or in a foreign country, or when the person's residence is
32 unknown. The payment responsibility shall be deemed to be a
33 state case.

34 2. a. Prior to the regional administrator for a county of
35 residence approving the payment of expenses for a person under

1 this section, the ~~county~~ regional administrator may require
 2 that the person be diagnosed to determine if the person has
 3 an intellectual disability or that the person be evaluated to
 4 determine the appropriate level of services required to meet
 5 the person's needs relating to an intellectual disability. The
 6 diagnosis and the evaluation may be performed concurrently and
 7 shall be performed by an individual or individuals approved
 8 by the regional administrator for the person's county who
 9 are qualified to perform the diagnosis or the evaluation.
 10 Following the initial approval for payment of expenses, the
 11 ~~county~~ regional administrator may require that an evaluation be
 12 performed at reasonable time periods.

13 **b.** The cost of a ~~county-required~~ regional
 14 administrator-required diagnosis and an evaluation is
 15 at the ~~county's~~ mental health and disability services region's
 16 expense. For a state case, the state may apply the diagnosis
 17 and evaluation provisions of this subsection at the state's
 18 expense.

19 **c.** A diagnosis or an evaluation under this section may be
 20 part of a ~~county's central point of coordination process under~~
 21 ~~section 331.440,~~ diagnosis and assessment process implemented
 22 by the applicable regional administrator, provided that a
 23 diagnosis is performed only by an individual qualified as
 24 provided in this section.

25 Sec. 12. Section 222.61, Code 2015, is amended to read as
 26 follows:

27 **222.61 Residency determined.**

28 When a county receives an application on behalf of any person
 29 for admission to a resource center or a special unit, the ~~board~~
 30 ~~of supervisors~~ application shall ~~refer the determination of~~
 31 ~~residency be forwarded~~ to the ~~central point of coordination~~
 32 ~~process~~ regional administrator for the county to determine and
 33 certify that the residence of the person is in one of the
 34 following:

35 1. In the county in which the application is received.

- 1 2. In some other county of the state.
- 2 3. In another state or in a foreign country.
- 3 4. Unknown.

4 Sec. 13. Section 222.62, Code 2015, is amended to read as
5 follows:

6 **222.62 Residency in another county.**

7 When the ~~board of supervisors determines through the central~~
8 ~~point of coordination process~~ regional administrator for the
9 county determines that the residency of the person is other
10 than in the county in which the application is received, the
11 determination shall be certified to the superintendent of
12 the resource center or the special unit where the person is
13 a patient. The certification shall be accompanied by a copy
14 of the evidence supporting the determination. ~~The~~ If the
15 person is not eligible for the medical assistance program, the
16 superintendent shall charge the expenses already incurred and
17 unadjusted, and all future expenses of the patient, to the
18 county certified to be mental health and disability services
19 region for the county of the person's residency.

20 Sec. 14. Section 222.63, Code 2015, is amended to read as
21 follows:

22 **222.63 Finding of residency — objection.**

23 A ~~board of supervisors' certification utilizing the~~
24 ~~central point of coordination process~~ through the regional
25 administrator for a county that a person's residency is
26 in another county shall be sent to the ~~auditor of regional~~
27 administrator for the county of residence. The certification
28 shall be accompanied by a copy of the evidence supporting the
29 determination. ~~The auditor of regional administrator for the~~
30 county of residence shall submit the certification to the ~~board~~
31 ~~of supervisors of the auditor's~~ regional administrator for the
32 county and it shall be conclusively presumed that the patient
33 has residency in that county unless the regional administrator
34 for that county disputes the determination of residency as
35 provided in section 331.394.

1 Sec. 15. Section 222.64, Code 2015, is amended to read as
2 follows:

3 **222.64 Foreign state or country or unknown residency.**

4 If the residency of the person is determined by a regional
5 administrator on behalf of a county or by the state to be in
6 a foreign state or country or is determined to be unknown,
7 the ~~county~~ regional administrator or the state shall certify
8 the determination ~~to the administrator~~. The certification
9 shall be accompanied by a copy of the evidence supporting the
10 determination. The care of the person shall be as arranged by
11 the ~~county~~ regional administrator or the state. Application
12 for admission may be made pending investigation by the
13 administrator.

14 Sec. 16. Section 222.73, subsection 2, paragraph a,
15 subparagraph (6), Code 2015, is amended to read as follows:

16 (6) A ~~county~~ mental health and disability services region
17 shall not be billed for the cost of a patient unless the
18 patient's admission is authorized through the applicable
19 ~~central point of coordination process~~ regional administrator.
20 The state resource center and the ~~county~~ regional administrator
21 shall work together to locate appropriate alternative
22 placements and services, and to educate patients and the family
23 members of patients regarding such alternatives.

24 Sec. 17. Section 222.73, subsection 2, paragraph b, Code
25 2015, is amended to read as follows:

26 b. The per diem costs billed to each ~~county~~ mental health
27 and disability services region shall not exceed the per diem
28 costs billed to the county in the fiscal year beginning July
29 1, 1996. However, the per diem costs billed to a county may
30 be adjusted ~~in~~ for a fiscal year to reflect increased costs to
31 the extent of the percentage increase in the ~~total of county~~
32 ~~fixed budgets pursuant to the allowed growth factor adjustment~~
33 authorized statewide per capita expenditure target amount,
34 if any per capita growth amount is authorized by the general
35 assembly for that fiscal year in accordance with section

1 ~~331.439~~ 331.424A.

2 Sec. 18. Section 222.92, subsection 3, paragraph a, Code
3 2015, is amended to read as follows:

4 a. Moneys received by the state from billings to counties
5 and regional administrators for the counties.

6 Sec. 19. Section 225.1, Code 2015, is amended to read as
7 follows:

8 **225.1 Establishment — definitions.**

9 1. There shall be established a The state psychiatric
10 hospital, is established. The hospital shall be especially
11 designed, kept, and administered for the care, observation,
12 and treatment of those persons who are afflicted with abnormal
13 mental conditions.

14 2. For the purposes of this chapter, unless the context
15 otherwise requires:

16 a. "Mental health and disability services region" means
17 a mental health and disability services region approved in
18 accordance with section 331.389.

19 b. "Regional administrator" means the administrator of a
20 mental health and disability services region, as defined in
21 section 331.388.

22 Sec. 20. Section 225.10, unnumbered paragraph 1, Code 2015,
23 is amended to read as follows:

24 Persons suffering from mental diseases may be admitted to
25 the state psychiatric hospital as voluntary public patients
26 if a physician authorized to practice medicine or osteopathic
27 medicine in the state of Iowa files information with the ~~board~~
28 ~~of supervisors~~ regional administrator of the person's county
29 of residence ~~or the board's designee~~, stating all of the
30 following:

31 Sec. 21. Section 225.11, Code 2015, is amended to read as
32 follows:

33 **225.11 Initiating commitment procedures.**

34 When a court finds upon completion of a hearing held pursuant
35 to section 229.12 that the contention that a respondent is

1 seriously mentally impaired has been sustained by clear and
 2 convincing evidence, and the application filed under section
 3 229.6 also contends or the court otherwise concludes that it
 4 would be appropriate to refer the respondent to the state
 5 psychiatric hospital for a complete psychiatric evaluation and
 6 appropriate treatment pursuant to section 229.13, the judge
 7 may order that a financial investigation be made in the manner
 8 prescribed by section 225.13. If the costs of a respondent's
 9 evaluation or treatment are payable in whole or in part by
 10 a county, an order under this section shall be for referral
 11 of the respondent through the ~~central point of coordination~~
 12 ~~process~~ regional administrator for the respondent's county of
 13 residence for an evaluation and referral of the respondent
 14 to an appropriate placement or service, which may include
 15 the state psychiatric hospital for additional evaluation or
 16 treatment. ~~For purposes of this chapter, "central point of~~
 17 ~~coordination process" means the same as defined in section~~
 18 ~~331.440.~~

19 Sec. 22. Section 225.12, Code 2015, is amended to read as
 20 follows:

21 **225.12 Voluntary public patient — physician's report.**

22 A physician filing information under section 225.10 shall
 23 include a written report to the ~~county board of supervisors~~
 24 ~~or the board's designee~~ regional administrator for the
 25 county of residence of the person named in the information,
 26 giving a history of the case as will be likely to aid in the
 27 observation, treatment, and hospital care of the person named
 28 ~~in the information~~ and describing the history in detail.

29 Sec. 23. Section 225.13, Code 2015, is amended to read as
 30 follows:

31 **225.13 Financial condition.**

32 ~~The county board of supervisors or the board's designee~~
 33 regional administrator of the county of residence of a person
 34 being admitted to the state psychiatric hospital is responsible
 35 for investigating the financial condition of ~~a person being~~

1 ~~admitted to the state psychiatric hospital~~ the person and of
2 those legally responsible for the person's support.

3 Sec. 24. Section 225.15, Code 2015, is amended to read as
4 follows:

5 **225.15 Examination and treatment.**

6 1. When a respondent arrives at the state psychiatric
7 hospital, the admitting physician shall examine the respondent
8 and determine whether or not, in the physician's judgment, the
9 respondent is a fit subject for observation, treatment, and
10 hospital care. If, upon examination, the physician decides
11 that the respondent should be admitted to the hospital, the
12 respondent shall be provided a proper bed in the hospital. The
13 physician who has charge of the respondent shall proceed with
14 observation, medical treatment, and hospital care as in the
15 physician's judgment are proper and necessary, in compliance
16 with sections 229.13 to 229.16. After the respondent's
17 admission, the observation, medical treatment, and hospital
18 care of the respondent may be provided by a mental health
19 professional, as defined in section 228.1, who is licensed as a
20 physician, advanced registered nurse practitioner, or physician
21 assistant.

22 2. A proper and competent nurse shall also be assigned to
23 look after and care for the respondent during observation,
24 treatment, and care. Observation, treatment, and hospital care
25 under this section which are payable in whole or in part by a
26 county shall only be provided as determined through the ~~central~~
27 ~~point of coordination process~~ regional administrator of the
28 respondent's county of residence.

29 Sec. 25. Section 225.16, subsection 1, Code 2015, is amended
30 to read as follows:

31 1. If the ~~county board of supervisors or the board's~~
32 ~~designee~~ regional administrator for a person's county of
33 residence finds from the physician's information which was
34 filed under the provisions of section 225.10 that it would
35 be appropriate for the person to be admitted to the state

1 psychiatric hospital, and the report of the ~~county board of~~
 2 ~~supervisors or the board's designee~~ regional administrator made
 3 pursuant to section 225.13 shows that the person and those who
 4 are legally responsible for the person are not able to pay the
 5 expenses incurred at the hospital, or are able to pay only a
 6 part of the expenses, the person shall be considered to be a
 7 voluntary public patient and the ~~board of supervisors~~ regional
 8 administrator shall direct that the person shall be sent to the
 9 state psychiatric hospital at the state university of Iowa for
 10 observation, treatment, and hospital care.

11 Sec. 26. Section 225.17, subsection 2, Code 2015, is amended
 12 to read as follows:

13 2. When the respondent arrives at the hospital, the
 14 respondent shall receive the same treatment as is provided for
 15 committed public patients in section 225.15, in compliance with
 16 sections 229.13 to 229.16. However, observation, treatment,
 17 and hospital care under this section of a respondent whose
 18 expenses are payable in whole or in part by a county shall
 19 only be provided as determined through the ~~central point of~~
 20 ~~coordination process~~ regional administrator of the respondent's
 21 county of residence.

22 Sec. 27. Section 225.18, Code 2015, is amended to read as
 23 follows:

24 **225.18 Attendants.**

25 The ~~county board of supervisors or the board's designee~~
 26 regional administrator may appoint ~~a person~~ an attendant to
 27 accompany the committed public patient or the voluntary public
 28 patient or the committed private patient from the place where
 29 the patient may be to the state psychiatric hospital, or to
 30 accompany the patient from the hospital to a place as may be
 31 designated by the ~~county~~ regional administrator. If a patient
 32 is moved pursuant to this section, at least one attendant shall
 33 be of the same gender as the patient.

34 Sec. 28. Section 225.19, Code 2015, is amended to read as
 35 follows:

1 **225.19 Compensation for attendant.**

2 An individual appointed by the ~~county board of supervisors~~
 3 ~~or the board's designee~~ regional administrator in accordance
 4 with section 225.18 to accompany a person to or from the
 5 hospital or to make an investigation and report on any question
 6 involved in the matter shall receive three dollars per day for
 7 the time actually spent in making the investigation and actual
 8 necessary expenses incurred in making the investigation or
 9 trip. This section does not apply to an appointee who receives
 10 fixed compensation or a salary.

11 Sec. 29. Section 225.21, Code 2015, is amended to read as
 12 follows:

13 **225.21 Compensation claims — filing — approval.**

14 The person making claim to compensation under section 225.19
 15 shall file the claim in the office of the ~~county auditor~~
 16 regional administrator for the person's county of residence.
 17 The claim is subject to review and approval by the ~~board of~~
 18 ~~supervisors or the board's designee~~ regional administrator for
 19 the county.

20 Sec. 30. Section 225.24, Code 2015, is amended to read as
 21 follows:

22 **225.24 Collection of preliminary expense.**

23 Unless a committed private patient or those legally
 24 responsible for the patient's support offer to settle
 25 the amount of the claims, the ~~county auditor of regional~~
 26 administrator for the person's county of residence shall
 27 collect, by action if necessary, the amount of all claims
 28 for per diem and expenses that have been approved by the
 29 ~~county board of supervisors or the board's designee~~ regional
 30 administrator for the county and paid by the ~~county~~ regional
 31 administrator as provided under section 225.21. Any amount
 32 collected shall be credited to the ~~county treasury~~ mental
 33 health and disabilities services fund created in accordance
 34 with section 331.424A.

35 Sec. 31. Section 225.27, Code 2015, is amended to read as

1 follows:

2 **225.27 Discharge — transfer.**

3 The state psychiatric hospital may, at any time, discharge
 4 any patient as recovered, as improved, or as not likely to
 5 be benefited by further treatment. If the patient being so
 6 discharged was involuntarily hospitalized, the hospital shall
 7 notify the committing judge or court of the discharge as
 8 required by section 229.14 or section 229.16, whichever is
 9 applicable, and the applicable regional administrator. Upon
 10 receiving the notification, the court shall issue an order
 11 confirming the patient's discharge from the hospital or from
 12 care and custody, as the case may be, and shall terminate the
 13 proceedings pursuant to which the order was issued. The court
 14 or judge shall, if necessary, appoint a person to accompany the
 15 discharged patient from the state psychiatric hospital to such
 16 place as the hospital or the court may designate, or authorize
 17 the hospital to appoint such attendant.

18 Sec. 32. Section 225C.2, subsection 2, Code 2015, is amended
 19 by striking the subsection.

20 Sec. 33. Section 225C.5, subsection 1, paragraph f, Code
 21 2015, is amended to read as follows:

22 *f.* Two members shall be staff members of regional
 23 ~~administrators of the central point of coordination process~~
 24 ~~established in accordance with section 331.440~~ selected from
 25 nominees submitted by the community services affiliate of the
 26 Iowa state association of counties.

27 Sec. 34. Section 225C.6, subsection 1, paragraph i,
 28 subparagraph (1), Code 2015, is amended to read as follows:

29 (1) The extent to which services to persons with
 30 disabilities are actually available to persons in each county
 31 and mental health and disability services region in the state
 32 and the quality of those services.

33 Sec. 35. Section 225C.6, subsection 1, paragraph m, Code
 34 2015, is amended to read as follows:

35 *m.* Identify disability services outcomes and indicators to

1 support the ability of eligible persons with a disability to
 2 live, learn, work, and recreate in communities of the persons'
 3 choice. The identification duty includes but is not limited to
 4 responsibility for identifying, collecting, and analyzing data
 5 as necessary to issue reports on outcomes and indicators at the
 6 county, region, and state levels.

7 Sec. 36. Section 225C.13, subsection 1, Code 2015, is
 8 amended to read as follows:

9 1. The administrator assigned, in accordance with section
 10 218.1, to control the state mental health institutes and
 11 the state resource centers may enter into agreements under
 12 which a facility or portion of a facility administered by the
 13 administrator is leased to a department or division of state
 14 government, a county or group of counties, a mental health and
 15 disability services region, or a private nonprofit corporation
 16 organized under chapter 504. A lease executed under this
 17 section shall require that the lessee use the leased premises
 18 to deliver either disability services or other services
 19 normally delivered by the lessee.

20 Sec. 37. Section 225C.14, Code 2015, is amended to read as
 21 follows:

22 **225C.14 Preliminary diagnostic evaluation.**

23 1. Except in cases of medical emergency, a person shall be
 24 admitted to a state mental health institute as an inpatient
 25 only after a preliminary diagnostic evaluation performed
 26 through the ~~central point of coordination process~~ regional
 27 administrator of the person's county of residence has confirmed
 28 that the admission is appropriate to the person's mental health
 29 needs, and that no suitable alternative method of providing the
 30 needed services in a less restrictive setting or in or nearer
 31 to the person's home community is currently available. If
 32 provided for through the ~~central point of coordination process~~
 33 regional administrator, the evaluation may be performed by a
 34 community mental health center or by an alternative diagnostic
 35 facility. The policy established by this section shall be

1 implemented in the manner and to the extent prescribed by
2 sections 225C.15, 225C.16 and 225C.17.

3 2. As used in this section and sections 225C.15, 225C.16
4 and 225C.17, the term "*medical emergency*" means a situation
5 in which a prospective patient is received at a state mental
6 health institute in a condition which, in the opinion of the
7 chief medical officer, or that officer's physician designee,
8 requires the immediate admission of the person notwithstanding
9 the policy stated in subsection 1.

10 Sec. 38. Section 225C.15, Code 2015, is amended to read as
11 follows:

12 **225C.15 County implementation of evaluations.**

13 The ~~board of supervisors of~~ regional administrator for a
14 county shall, ~~no later than July 1, 1982,~~ require that the
15 policy stated in section 225C.14 be followed with respect
16 to admission of persons from that county to a state mental
17 health institute. A community mental health center which is
18 supported, directly or in affiliation with other counties, by
19 that county may perform the preliminary diagnostic evaluations
20 for that county, unless the performance of the evaluations
21 is not covered by the agreement entered into by the ~~county~~
22 regional administrator and the center, and the center's
23 director certifies to the ~~board of supervisors~~ regional
24 administrator that the center does not have the capacity to
25 perform the evaluations, in which case the ~~board of supervisors~~
26 regional administrator shall proceed under section 225C.17.

27 Sec. 39. Section 225C.16, Code 2015, is amended to read as
28 follows:

29 **225C.16 Referrals for evaluation.**

30 1. The chief medical officer of a state mental health
31 institute, or that officer's physician designee, shall advise
32 a person residing in that county who applies for voluntary
33 admission, or a person applying for the voluntary admission
34 of another person who resides in that county, in accordance
35 with section 229.41, that the ~~board of supervisors~~ regional

1 administrator for the county has implemented the policy
2 stated in section 225C.14, and shall advise that a preliminary
3 diagnostic evaluation of the prospective patient be sought,
4 if that has not already been done. This subsection does not
5 apply when voluntary admission is sought in accordance with
6 section 229.41 under circumstances which, in the opinion of the
7 chief medical officer or that officer's physician designee,
8 constitute a medical emergency.

9 2. The clerk of the district court in that county shall
10 refer a person applying for authorization for voluntary
11 admission, or for authorization for voluntary admission of
12 another person, in accordance with section 229.42, to the
13 ~~appropriate entity designated through the central point of~~
14 ~~coordination process~~ regional administrator of the person's
15 county of residence under section 225C.14 for the preliminary
16 diagnostic evaluation unless the applicant furnishes a written
17 statement from the appropriate entity which indicates that the
18 evaluation has been performed and that the person's admission
19 to a state mental health institute is appropriate. This
20 subsection does not apply when authorization for voluntary
21 admission is sought under circumstances which, in the opinion
22 of the chief medical officer or that officer's physician
23 designee, constitute a medical emergency.

24 3. Judges of the district court in that county or the
25 judicial hospitalization referee appointed for that county
26 shall so far as possible arrange for the entity designated
27 through the ~~central point of coordination process~~ regional
28 administrator under section 225C.14 to perform a prehearing
29 examination of a respondent required under section 229.8,
30 subsection 3, paragraph "b".

31 4. The chief medical officer of a state mental health
32 institute shall promptly submit to the appropriate entity
33 designated through the ~~central point of coordination process~~
34 regional administrator under section 225C.14 a report of the
35 voluntary admission of a patient under the medical emergency

1 ~~clauses~~ provisions of subsections 1 and 2. The report shall
 2 explain the nature of the emergency which necessitated the
 3 admission of the patient without a preliminary diagnostic
 4 evaluation by the designated entity.

5 Sec. 40. Section 225C.17, Code 2015, is amended to read as
 6 follows:

7 **225C.17 Alternative diagnostic facility.**

8 If a county is not served by a community mental health
 9 center having the capacity to perform the required preliminary
 10 diagnostic evaluations, the ~~board of supervisors~~ regional
 11 administrator for the county shall arrange for the evaluations
 12 to be performed by an alternative diagnostic facility for
 13 the period until the county is served by a community mental
 14 health center with the capacity to provide that service. An
 15 alternative diagnostic facility may be the outpatient service
 16 of a state mental health institute or any other mental health
 17 facility or service able to furnish the requisite professional
 18 skills to properly perform a preliminary diagnostic evaluation
 19 of a person whose admission to a state mental health institute
 20 is being sought or considered on either a voluntary or an
 21 involuntary basis.

22 Sec. 41. Section 225C.19, subsection 3, paragraphs a, b, and
 23 c, Code 2015, are amended to read as follows:

24 a. Standards for accrediting or approving emergency mental
 25 health crisis services providers. Such providers may include
 26 but are not limited to a community mental health center
 27 ~~designated under chapter 230A, a provider approved in a waiver~~
 28 ~~adopted by the commission to provide services to a county~~
 29 ~~in lieu of a community mental health center,~~ a unit of the
 30 department or other state agency, a county, a mental health
 31 and disability services region, or any other public or private
 32 provider who meets the accreditation or approval standards for
 33 an emergency mental health crisis services provider.

34 b. Identification by the division of geographic regions,
 35 groupings of mental health and disability services regions,

1 service areas, or other means of distributing and organizing
2 the emergency mental health crisis services system to ensure
3 statewide availability of the services.

4 c. Coordination of emergency mental health crisis services
5 with all of the following:

6 (1) The district and juvenile courts.

7 (2) Law enforcement.

8 (3) Judicial district departments of correctional services.

9 (4) ~~County central point of coordination processes~~ Mental
10 health and disability services regions.

11 (5) Other mental health, substance abuse, and co-occurring
12 mental illness and substance abuse services available through
13 the state and counties to serve both children and adults.

14 Sec. 42. Section 225C.20, Code 2015, is amended to read as
15 follows:

16 **225C.20 Responsibilities of ~~counties~~ mental health and**
17 **disabilities services regions for individual case management**
18 **services.**

19 Individual case management services funded under medical
20 assistance shall be provided by the department except when
21 a county or a consortium of counties contracts with the
22 department to provide the services. A ~~county or consortium~~
23 ~~of counties~~ regional administrator may contract for one or
24 more counties of the region to be the provider at any time
25 and the department shall agree to the contract so long as
26 the contract meets the standards for case management adopted
27 by the department. The ~~county or consortium of counties~~
28 regional administrator may subcontract for the provision
29 of case management services so long as the subcontract
30 meets the same standards. A ~~county board of supervisors~~
31 regional administrator may change the provider of individual
32 case management services at any time. If the current or
33 proposed contract is with the department, the ~~county board~~
34 ~~of supervisors~~ regional administrator shall provide written
35 notification of a change at least ninety days before the date

1 the change will take effect.

2 Sec. 43. Section 225C.54, subsection 1, Code 2015, is
3 amended to read as follows:

4 1. The mental health services system for children and youth
5 shall be initially implemented by the division commencing
6 with the fiscal year beginning July 1, 2008. The division
7 shall begin implementation by utilizing a competitive bidding
8 process to allocate state block grants to develop services
9 through existing community mental health centers, ~~providers~~
10 ~~approved in a waiver adopted by the commission to provide~~
11 ~~services to a county in lieu of a community mental health~~
12 ~~center, designated under chapter 230A~~ and other local service
13 partners. The implementation shall be limited to the extent of
14 the appropriations provided for the children's system.

15 Sec. 44. Section 226.1, Code 2015, is amended by adding the
16 following new subsection:

17 NEW SUBSECTION. 4. For the purposes of this chapter, unless
18 the context otherwise requires:

19 a. "*Administrator*" means the person assigned by the
20 director of human services to control the state mental health
21 institutes.

22 b. "*Department*" means the department of human services.

23 c. "*Mental health and disability services region*" means
24 a mental health and disability services region formed in
25 accordance with section 331.389.

26 d. "*Regional administrator*" means the regional administrator
27 of a mental health and disability services region, as defined
28 in section 331.388.

29 Sec. 45. Section 226.9C, subsection 2, paragraphs a and c,
30 Code 2015, are amended to read as follows:

31 a. ~~A county may split the~~ The charges payable by a
32 county may be split between the county's mental health and
33 disabilities services fund created pursuant to section 331.424A
34 and the county's budget for ~~substance abuse~~ substance-related
35 disorder expenditures.

1 c. (1) Prior to an individual's admission for dual
 2 diagnosis treatment, the individual shall have been
 3 prescreened. The person performing the prescreening shall
 4 be either the mental health professional, as defined in
 5 section 228.1, who is contracting with the ~~county central~~
 6 ~~point of coordination process~~ regional administrator for the
 7 county's mental health and disability services region to
 8 provide the prescreening or a mental health professional with
 9 the requisite qualifications. A mental health professional
 10 with the requisite qualifications shall meet all of the
 11 following qualifications: is a mental health professional as
 12 defined in section 228.1, is an alcohol and drug counselor
 13 certified by the nongovernmental Iowa board of substance abuse
 14 certification, and is employed by or providing services for a
 15 facility, as defined in section 125.2.

16 (2) Prior to an individual's admission for dual diagnosis
 17 treatment, the individual shall have been screened through a
 18 county's ~~central point of coordination process implemented~~
 19 ~~pursuant to section 331.440~~ regional administrator to determine
 20 the appropriateness of the treatment.

21 Sec. 46. Section 226.32, Code 2015, is amended to read as
 22 follows:

23 **226.32 Overcrowded conditions.**

24 The administrator shall order the discharge or removal
 25 from the hospital of incurable and harmless patients whenever
 26 it is necessary to make room for recent cases. If a patient
 27 who is to be so discharged entered the hospital voluntarily,
 28 the administrator shall notify the ~~auditor of regional~~
 29 administrator for the county interested at least ten days in
 30 advance of the day of actual discharge.

31 Sec. 47. Section 226.34, subsection 2, Code 2015, is amended
 32 to read as follows:

33 2. If a patient in a mental health institute dies from any
 34 cause, the superintendent of the institute shall within three
 35 days of the date of death, send by certified mail a written

1 notice of death to all of the following:

2 *a.* The decedent's nearest relative.

3 *b.* The clerk of the district court of the county from which
4 the patient was committed.

5 *c.* The sheriff of the county from which the patient was
6 committed.

7 *d.* The regional administrator for the county from which the
8 patient was committed.

9 Sec. 48. Section 227.1, Code 2015, is amended to read as
10 follows:

11 **227.1 Supervision Definitions — supervision.**

12 1. For the purposes of this chapter, unless the context
13 otherwise requires:

14 *a.* "Administrator" means the person assigned by the director
15 of human services in the appropriate division of the department
16 to administer mental health and disability services.

17 *b.* "Department" means the department of human services.

18 *c.* "Mental health and disability services region" means
19 a mental health and disability services region formed in
20 accordance with section 331.389.

21 *d.* "Regional administrator" means the regional administrator
22 of a mental health and disability services region, as defined
23 in section 331.388.

24 2. All The regulatory requirements for county and private
25 institutions wherein where persons with mental illness or an
26 intellectual disability are kept admitted, committed, or placed
27 shall be under the supervision of the administrator.

28 Sec. 49. Section 227.2, subsection 1, unnumbered paragraph
29 1, Code 2015, is amended to read as follows:

30 The director of inspections and appeals shall make, or cause
31 to be made, at least one licensure inspection each year of
32 every county care facility. Either the administrator of the
33 division or the director of the department of inspections and
34 appeals, in cooperation with each other, upon receipt of a
35 complaint or for good cause, may make, or cause to be made,

1 a review of a county care facility or of any other private
 2 or county institution where persons with mental illness or
 3 an intellectual disability reside. A licensure inspection
 4 or a review shall be made by a competent and disinterested
 5 person who is acquainted with and interested in the care of
 6 persons with mental illness and persons with an intellectual
 7 disability. The objective of a licensure inspection or a
 8 review shall be an evaluation of the programming and treatment
 9 provided by the facility. After each licensure inspection of a
 10 county care facility, the person who made the inspection shall
 11 consult with the ~~county authorities~~ regional administrator
 12 for the county in which the facility is located on plans and
 13 practices that will improve the care given patients ~~and~~. The
 14 person shall also make recommendations to the administrator of
 15 the division and the director of public health for coordinating
 16 and improving the relationships between the administrators of
 17 county care facilities, the administrator of the division,
 18 the director of public health, the superintendents of state
 19 mental health institutes and resource centers, community
 20 mental health centers, mental health and disability services
 21 regions, and other cooperating agencies, to cause improved
 22 and more satisfactory care of patients. A written report of
 23 each licensure inspection of a county care facility under this
 24 section shall be filed by the person with the administrator
 25 of the division and the director of public health and shall
 26 include:

27 Sec. 50. Section 227.2, subsection 1, paragraph f, Code
 28 2015, is amended to read as follows:

29 f. The recommendations given to and received from ~~county~~
 30 ~~authorities~~ the regional administrator on methods and practices
 31 that will improve the conditions under which the county care
 32 facility is operated.

33 Sec. 51. Section 227.2, subsection 2, Code 2015, is amended
 34 to read as follows:

35 2. A copy of the written report prescribed by subsection

1 1 shall be furnished to the county board of supervisors,
 2 to the ~~county mental health and intellectual disability~~
 3 ~~coordinating board or to its advisory board if the county board~~
 4 ~~of supervisors constitutes ex officio the coordinating board~~
 5 regional administrator for the county, to the administrator
 6 of the county care facility inspected and to its certified
 7 volunteer long-term care ombudsman, and to the department on
 8 aging.

9 Sec. 52. Section 227.4, Code 2015, is amended to read as
 10 follows:

11 **227.4 Standards for care of persons with mental illness or an**
 12 **intellectual disability in county care facilities.**

13 The administrator, in cooperation with the department of
 14 inspections and appeals, shall recommend and the mental health
 15 and disability services commission created in section 225C.5
 16 shall adopt, or amend and adopt, standards for the care of and
 17 services to persons with mental illness or an intellectual
 18 disability residing in county care facilities. The standards
 19 shall be enforced by the department of inspections and appeals
 20 as a part of the licensure inspection conducted pursuant to
 21 chapter 135C. The objective of the standards is to ensure
 22 that persons with mental illness or an intellectual disability
 23 who are residents of county care facilities are not only
 24 adequately fed, clothed, and housed, but are also offered
 25 reasonable opportunities for productive work and recreational
 26 activities suited to their physical and mental abilities and
 27 offering both a constructive outlet for their energies and, if
 28 possible, therapeutic benefit. When recommending standards
 29 under this section, the administrator shall designate an
 30 advisory committee representing administrators of county care
 31 facilities, ~~county mental health and developmental disabilities~~
 32 ~~regional planning councils~~ regional administrators, mental
 33 health and disability services region governing boards,
 34 and county care facility certified volunteer long-term care
 35 ombudsmen to assist in the establishment of standards.

1 Sec. 53. Section 227.10, Code 2015, is amended to read as
2 follows:

3 **227.10 Transfers from county or private institutions.**

4 Patients who have been admitted at public expense to
5 any institution to which this chapter is applicable may be
6 involuntarily transferred to the proper state hospital for
7 persons with mental illness in the manner prescribed by
8 sections 229.6 to 229.13. The application required by section
9 229.6 may be filed by the administrator of the division or
10 the administrator's designee, or by the administrator of the
11 institution where the patient is then being maintained or
12 treated. If the patient was admitted to that institution
13 involuntarily, the administrator of the division may arrange
14 and complete the transfer, and shall report it as required
15 of a chief medical officer under section 229.15, subsection
16 5. The transfer shall be made at ~~county~~ the mental health
17 and disabilities services region's expense, and the expense
18 recovered, as provided in section 227.7. However, transfer
19 under this section of a patient whose expenses are payable in
20 whole or in part by a ~~county~~ the mental health and disabilities
21 services region is subject to an authorization for the transfer
22 through the ~~central point of coordination process~~ regional
23 administrator for the patient's county of residence.

24 Sec. 54. Section 227.11, Code 2015, is amended to read as
25 follows:

26 **227.11 Transfers from state hospitals.**

27 A regional administrator for the county chargeable with
28 the expense of a patient in a state hospital for persons with
29 mental illness shall transfer the patient to a county or
30 private institution for persons with mental illness that is in
31 compliance with the applicable rules when the administrator
32 of the division or the administrator's designee orders the
33 transfer on a finding that the patient is suffering from
34 ~~chronic mental illness or from senility~~ a serious mental
35 illness and will receive equal benefit by being so transferred.

1 A ~~county~~ mental health and disability services region shall
 2 transfer to ~~its~~ a county care facility any patient in a state
 3 hospital for persons with mental illness upon request of the
 4 superintendent of the state hospital in which the patient is
 5 confined pursuant to the superintendent's authority under
 6 section 229.15, subsection 5, and approval by the ~~board of~~
 7 ~~supervisors of~~ regional administrator for the county of the
 8 patient's residence. In no case shall a patient be thus
 9 transferred except upon compliance with section 229.14A or
 10 without the written consent of a relative, friend, or guardian
 11 if such relative, friend, or guardian pays the expense of
 12 the care of such patient in a state hospital. Patients
 13 transferred to a public or private facility under this
 14 section may subsequently be placed on convalescent or limited
 15 leave or transferred to a different facility for continued
 16 full-time custody, care, and treatment when, in the opinion
 17 of the attending physician or the chief medical officer of
 18 the hospital from which the patient was so transferred, the
 19 best interest of the patient would be served by such leave or
 20 transfer. For any patient who is involuntarily committed, any
 21 transfer made under this section is subject to the placement
 22 hearing requirements of section 229.14A.

23 Sec. 55. Section 227.12, Code 2015, is amended to read as
 24 follows:

25 **227.12 Difference of opinion.**

26 When a difference of opinion exists between the
 27 administrator of the division and the authorities in charge
 28 of any private or county hospital in regard to the ~~removal~~
 29 transfer of a patient ~~or patients~~ as herein provided in
 30 sections 227.10 and 227.11, the matter shall be submitted to
 31 the district court of the county in which such hospital is
 32 situated and shall be summarily tried as an equitable action,
 33 and the judgment of the district court shall be final.

34 Sec. 56. Section 227.14, Code 2015, is amended to read as
 35 follows:

1 **227.14 Caring for persons with mental illness from other**
 2 **counties.**

3 ~~Boards of supervisors of counties having no~~ The regional
 4 administrator for a county that does not have proper facilities
 5 for caring for persons with mental illness may, with the
 6 consent of the administrator of the division, provide for
 7 such care at the expense of the ~~county~~ mental health and
 8 disabilities services region in any convenient and proper
 9 county or private institution for persons with mental illness
 10 which is willing to receive ~~them~~ the persons.

11 Sec. 57. Section 229.1, subsection 3, Code 2015, is amended
 12 by striking the subsection.

13 Sec. 58. Section 229.1, Code 2015, is amended by adding the
 14 following new subsections:

15 NEW SUBSECTION. 8A. *"Mental health and disability services*
 16 *region"* means a mental health and disability services region
 17 formed in accordance with section 331.389.

18 NEW SUBSECTION. 14A. *"Regional administrator"* means the
 19 regional administrator of a mental health and disability
 20 services region, as defined in section 331.388.

21 Sec. 59. Section 229.1B, Code 2015, is amended to read as
 22 follows:

23 ~~229.1B Central point of coordination process~~ Regional
 24 administrator.

25 Notwithstanding any provision of this chapter to the
 26 contrary, any person whose hospitalization expenses are payable
 27 in whole or in part by a ~~county~~ mental health and disabilities
 28 services region shall be subject to all administrative
 29 requirements of the ~~central point of coordination process~~
 30 regional administrator for the county.

31 Sec. 60. Section 229.2, subsection 1, paragraph b,
 32 subparagraph (3), Code 2015, is amended to read as follows:

33 (3) As soon as is practicable after the filing of a
 34 petition for juvenile court approval of the admission of the
 35 minor, the juvenile court shall determine whether the minor

1 has an attorney to represent the minor in the hospitalization
 2 proceeding, and if not, the court shall assign to the minor
 3 an attorney. If the minor is financially unable to pay for
 4 an attorney, the attorney shall be compensated by the ~~county~~
 5 mental health and disabilities services region at an hourly
 6 rate to be established by the ~~county board of supervisors~~
 7 regional administrator for the county in which the proceeding
 8 is held in substantially the same manner as provided in section
 9 815.7.

10 Sec. 61. Section 229.8, subsection 1, Code 2015, is amended
 11 to read as follows:

12 1. Determine whether the respondent has an attorney
 13 who is able and willing to represent the respondent in the
 14 hospitalization proceeding, and if not, whether the respondent
 15 is financially able to employ an attorney and capable of
 16 meaningfully assisting in selecting one. In accordance with
 17 those determinations, the court shall if necessary allow the
 18 respondent to select, or shall assign to the respondent, an
 19 attorney. If the respondent is financially unable to pay an
 20 attorney, the attorney shall be compensated by the ~~county~~
 21 mental health and disabilities services region at an hourly
 22 rate to be established by the ~~county board of supervisors~~
 23 regional administrator for the county in which the proceeding
 24 is held in substantially the same manner as provided in section
 25 815.7.

26 Sec. 62. Section 229.10, subsection 1, paragraph a, Code
 27 2015, is amended to read as follows:

28 a. An examination of the respondent shall be conducted by
 29 one or more licensed physicians, as required by the court's
 30 order, within a reasonable time. If the respondent is detained
 31 pursuant to section 229.11, subsection 1, paragraph "b",
 32 the examination shall be conducted within twenty-four hours.
 33 If the respondent is detained pursuant to section 229.11,
 34 subsection 1, paragraph "a" or "c", the examination shall
 35 be conducted within forty-eight hours. If the respondent

1 so desires, the respondent shall be entitled to a separate
2 examination by a licensed physician of the respondent's own
3 choice. The reasonable cost of the examinations shall, if the
4 respondent lacks sufficient funds to pay the cost, be paid
5 by the regional administrator from county mental health and
6 disabilities services region funds upon order of the court.

7 Sec. 63. Section 229.11, subsection 1, unnumbered paragraph
8 1, Code 2015, is amended to read as follows:

9 If the applicant requests that the respondent be taken into
10 immediate custody and the judge, upon reviewing the application
11 and accompanying documentation, finds probable cause to believe
12 that the respondent has a serious mental impairment and is
13 likely to injure the respondent or other persons if allowed
14 to remain at liberty, the judge may enter a written order
15 directing that the respondent be taken into immediate custody
16 by the sheriff or the sheriff's deputy and be detained until
17 the hospitalization hearing. The hospitalization hearing shall
18 be held no more than five days after the date of the order,
19 except that if the fifth day after the date of the order is a
20 Saturday, Sunday, or a holiday, the hearing may be held on the
21 next succeeding business day. If the expenses of a respondent
22 are payable in whole or in part by a county mental health and
23 disabilities services region, for a placement in accordance
24 with paragraph "a", the judge shall give notice of the
25 placement to the ~~central point of coordination process~~ regional
26 administrator for the county in which the court is located,
27 and for a placement in accordance with paragraph "b" or "c",
28 the judge shall order the placement in a hospital or facility
29 designated through the ~~central point of coordination process~~
30 regional administrator. The judge may order the respondent
31 detained for the period of time until the hearing is held,
32 and no longer, in accordance with paragraph "a", if possible,
33 and if not then in accordance with paragraph "b", or, only if
34 neither of these alternatives is available, in accordance with
35 paragraph "c". Detention may be:

1 Sec. 64. Section 229.13, subsection 1, paragraph a, Code
2 2015, is amended to read as follows:

3 a. The court shall order a respondent whose expenses are
4 payable in whole or in part by a ~~county~~ mental health and
5 disabilities services region placed under the care of an
6 appropriate hospital or facility designated through the ~~central~~
7 ~~point of coordination process~~ county's regional administrator
8 on an inpatient or outpatient basis.

9 Sec. 65. Section 229.14, subsection 2, paragraph a, Code
10 2015, is amended to read as follows:

11 a. For a respondent whose expenses are payable in whole or
12 in part by a ~~county~~ mental health and disabilities services
13 region, placement as designated through the ~~central point of~~
14 ~~coordination process~~ county's regional administrator in the
15 care of an appropriate hospital or facility on an inpatient
16 or outpatient basis, or other appropriate treatment, or in an
17 appropriate alternative placement.

18 Sec. 66. Section 229.14A, subsections 7 and 9, Code 2015,
19 are amended to read as follows:

20 7. If a respondent's expenses are payable in whole or in
21 part by a ~~county~~ mental health and disabilities services region
22 through the ~~central point of coordination process~~ county's
23 regional administrator, notice of a placement hearing shall
24 be provided to the county attorney and the ~~county's central~~
25 ~~point of coordination process~~ regional administrator. At the
26 hearing, the county may present evidence regarding appropriate
27 placement.

28 9. A placement made pursuant to an order entered under
29 section 229.13 or 229.14 or this section shall be considered to
30 be authorized through the ~~central point of coordination process~~
31 county's regional administrator.

32 Sec. 67. Section 229.19, subsection 1, paragraphs a and b,
33 Code 2015, are amended to read as follows:

34 a. In each county with a population of three hundred
35 thousand or more inhabitants the ~~board of supervisors~~ county's

1 regional administrator shall appoint an individual who has
 2 demonstrated by prior activities an informed concern for the
 3 welfare and rehabilitation of persons with mental illness,
 4 and who is not an officer or employee of the department of
 5 human services nor of any agency or facility providing care
 6 or treatment to persons with mental illness, to act as an
 7 advocate representing the interests of patients involuntarily
 8 hospitalized by the court, in any matter relating to the
 9 patients' hospitalization or treatment under section 229.14
 10 or 229.15. In each county with a population of under three
 11 hundred thousand inhabitants, the chief judge of the judicial
 12 district encompassing the county shall appoint the advocate.

13 b. The court or, if the advocate is appointed by the
 14 ~~county board of supervisors~~ regional administrator, the ~~board~~
 15 regional administrator shall assign the advocate appointed from
 16 a patient's county of residence to represent the interests
 17 of the patient. If a patient has no county of residence or
 18 the patient is a state case, the court or, if the advocate
 19 is appointed by the ~~county board of supervisors~~ regional
 20 administrator, the ~~board~~ regional administrator shall assign
 21 the advocate appointed ~~from~~ for the county where the hospital
 22 or facility is located to represent the interests of the
 23 patient.

24 Sec. 68. Section 229.19, subsection 3, Code 2015, is amended
 25 to read as follows:

26 3. The court or, if the advocate is appointed by the ~~county~~
 27 ~~board of supervisors~~ regional administrator, the ~~board~~ regional
 28 administrator shall prescribe reasonable compensation for the
 29 services of the advocate. The compensation shall be based
 30 upon the reports filed by the advocate with the court. The
 31 advocate's compensation shall be paid by the county in which
 32 the court is located, either on order of the court or, if
 33 the advocate is appointed by the ~~county board of supervisors~~
 34 regional administrator, on the direction of the ~~board~~ regional
 35 administrator. If the advocate is appointed by the court, the

1 advocate is an employee of the state for purposes of chapter
 2 669. If the advocate is appointed by the ~~county board of~~
 3 ~~supervisors~~ regional administrator, the advocate is an employee
 4 of the county for purposes of chapter 670. If the patient or
 5 the person who is legally liable for the patient's support is
 6 not indigent, the ~~board~~ regional administrator shall recover
 7 the costs of compensating the advocate from that person. If
 8 that person has an income level as determined pursuant to
 9 section 815.9 greater than one hundred percent but not more
 10 than one hundred fifty percent of the poverty guidelines, at
 11 least one hundred dollars of the advocate's compensation shall
 12 be recovered in the manner prescribed by the ~~county board of~~
 13 ~~supervisors~~ regional administrator. If that person has an
 14 income level as determined pursuant to section 815.9 greater
 15 than one hundred fifty percent of the poverty guidelines, at
 16 least two hundred dollars of the advocate's compensation shall
 17 be recovered in substantially the same manner ~~prescribed by the~~
 18 ~~county board of supervisors~~ as provided in section 815.9.

19 Sec. 69. Section 229.24, subsection 3, unnumbered paragraph
 20 1, Code 2015, is amended to read as follows:

21 If all or part of the costs associated with hospitalization
 22 of an individual under this chapter are chargeable to a county
 23 of residence, the clerk of the district court shall provide
 24 to the regional administrator for the county of residence and
 25 to the regional administrator for the county in which the
 26 hospitalization order is entered the following information
 27 pertaining to the individual which would be confidential under
 28 subsection 1:

29 Sec. 70. Section 229.42, subsection 1, Code 2015, is amended
 30 to read as follows:

31 1. If a person wishing to make application for voluntary
 32 admission to a mental hospital established by chapter 226 is
 33 unable to pay the costs of hospitalization or those responsible
 34 for the person are unable to pay the costs, application for
 35 authorization of voluntary admission must be made through a

1 ~~central point of coordination process~~ regional administrator
2 before application for admission is made to the hospital. The
3 person's county of residence shall be determined through the
4 ~~central point of coordination process~~ regional administrator
5 and if the admission is approved through the ~~central point~~
6 ~~of coordination process~~ regional administrator, the person's
7 admission to a mental health hospital shall be authorized as
8 a voluntary case. The authorization shall be issued on forms
9 provided by the department of human services' administrator.
10 The costs of the hospitalization shall be paid by the county
11 of residence through the regional administrator to the
12 department of human services and credited to the general
13 fund of the state, provided that the mental health hospital
14 rendering the services has certified to the county auditor of
15 the county of residence and the regional administrator the
16 amount chargeable to the ~~county~~ mental health and disabilities
17 services region and has sent a duplicate statement of the
18 charges to the department of human services. A ~~county~~ mental
19 health and disabilities services region shall not be billed
20 for the cost of a patient unless the patient's admission is
21 authorized through the ~~central point of coordination process~~
22 regional administrator. The mental health institute and the
23 ~~county~~ regional administrator shall work together to locate
24 appropriate alternative placements and services, and to
25 educate patients and family members of patients regarding such
26 alternatives.

27 Sec. 71. Section 230.1, subsection 3, Code 2015, is amended
28 to read as follows:

29 3. A mental health and disabilities services region or
30 county of residence is not liable for costs and expenses
31 associated with a person with mental illness unless the costs
32 and expenses are for services and other support authorized for
33 the person through the ~~central point of coordination process~~
34 county's regional administrator. For the purposes of this
35 chapter, ~~"central point of coordination process"~~ "regional

1 administrator means the same as defined in section ~~331.440~~
2 331.388.

3 Sec. 72. Section 230.3, Code 2015, is amended to read as
4 follows:

5 **230.3 Certification of residence.**

6 If a person's county of residence is determined by the
7 county's ~~central point of coordination process~~ regional
8 administrator to be in another county of this state, the ~~county~~
9 regional administrator making the determination shall certify
10 the determination to the superintendent of the hospital to
11 which the person is admitted or committed. The certification
12 shall be accompanied by a copy of the evidence supporting
13 the determination. Upon receiving the certification, the
14 superintendent shall charge the expenses already incurred and
15 unadjusted, and all future expenses of the person, to the
16 regional administrator of the county determined to be the
17 county of residence.

18 Sec. 73. Section 230.20, subsection 2, paragraph b, Code
19 2015, is amended to read as follows:

20 b. The per diem costs billed to each ~~county~~ mental health
21 and disabilities services region shall not exceed the per
22 diem costs billed to the county in the fiscal year beginning
23 July 1, 1996. However, the per diem costs billed to a ~~county~~
24 mental health and disabilities services region may be adjusted
25 annually to reflect increased costs, to the extent of the
26 percentage increase in the ~~total of county fixed budgets~~
27 ~~pursuant to the allowed growth factor adjustment~~ statewide per
28 capita expenditure target amount, if any per capita growth
29 amount is authorized by the general assembly for the fiscal
30 year in accordance with section ~~331.439~~ 426B.3.

31 Sec. 74. Section 232.2, subsection 4, paragraph f,
32 subparagraph (3), Code 2015, is amended to read as follows:

33 (3) The transition plan shall be developed and reviewed
34 by the department in collaboration with a child-centered
35 transition team. The transition team shall be comprised of

1 the child's caseworker and persons selected by the child,
 2 persons who have knowledge of services available to the child,
 3 and any person who may reasonably be expected to be a service
 4 provider for the child when the child becomes an adult or to
 5 become responsible for the costs of services at that time.
 6 If the child is reasonably likely to need or be eligible for
 7 adult services, the transition team membership shall include
 8 representatives from the adult services system. The adult
 9 services system representatives may include but are not limited
 10 to the administrator of county general relief under chapter
 11 251 or 252 or ~~of the central point of coordination process~~
 12 ~~implemented under section 331.440~~ regional administrator of
 13 the county mental health and disability services region, as
 14 defined in section 331.388. The membership of the transition
 15 team and the meeting dates for the team shall be documented in
 16 the transition plan.

17 Sec. 75. Section 235.7, subsection 2, Code 2015, is amended
 18 to read as follows:

19 2. *Membership.* The department may authorize the governance
 20 boards of decategorization of child welfare and juvenile
 21 justice funding projects established under section 232.188 to
 22 appoint the transition committee membership and may utilize
 23 the boundaries of decategorization projects to establish
 24 the service areas for transition committees. The committee
 25 membership may include but is not limited to department of
 26 human services staff involved with foster care, child welfare,
 27 and adult services, juvenile court services staff, staff
 28 involved with county general relief under chapter 251 or 252,
 29 ~~or of the central point of coordination process implemented~~
 30 ~~under section 331.440~~ a regional administrator of the county
 31 mental health and disability services region, as defined
 32 in section 331.388, in the area, school district and area
 33 education agency staff involved with special education, and a
 34 child's court appointed special advocate, guardian ad litem,
 35 service providers, and other persons knowledgeable about the

1 child.

2 Sec. 76. Section 235A.15, subsection 2, paragraph c,
3 subparagraph (9), Code 2015, is amended to read as follows:

4 (9) To the administrator of an agency providing mental
5 health, intellectual disability, or developmental disability
6 services under a ~~county management plan developed pursuant~~
7 ~~to section 331.439~~ regional service system management plan
8 implemented in accordance with section 331.393, if the data
9 concerns a person employed by or being considered by the agency
10 for employment.

11 Sec. 77. Section 235B.6, subsection 2, paragraph c,
12 subparagraph (6), Code 2015, is amended to read as follows:

13 (6) To the administrator of an agency providing mental
14 health, intellectual disability, or developmental disability
15 services under a ~~county management plan developed pursuant~~
16 ~~to section 331.439~~ regional service system management plan
17 implemented in accordance with section 331.393, if the
18 information concerns a person employed by or being considered
19 by the agency for employment.

20 Sec. 78. Section 426B.2, subsection 2, Code 2015, is amended
21 to read as follows:

22 2. As used in this chapter, and in ~~sections 331.438 and~~
23 ~~331.439~~ section 331.424A, for purposes of population-based
24 funding calculations, "population" means the population shown
25 by the latest preceding certified federal census or the
26 latest applicable population estimate issued by the federal
27 government, whichever is most recent and available as of July
28 1 of the fiscal year preceding the fiscal year to which the
29 funding calculations apply.

30 Sec. 79. Section 426B.5, subsection 1, Code 2015, is amended
31 by striking the subsection.

32 Sec. 80. Section 426B.5, subsections 2 and 3, Code 2015, are
33 amended to read as follows:

34 2. *Risk pool.*

35 a. For the purposes of this ~~subsection~~ section, unless the

1 context otherwise requires, ~~"services fund"~~:

2 (1) "Mental health and disability services region" means
3 a mental health and disability services region formed in
4 accordance with section 331.389.

5 (2) "Regional administrator" means the regional
6 administrator of a mental health and disability services
7 region, as defined in section 331.388.

8 (3) "Services fund" means a county's mental health and
9 disabilities services fund created in section 331.424A.

10 b. A risk pool is created in the property tax relief fund.
11 The pool shall consist of the moneys credited to the pool by
12 law.

13 c. A risk pool board is created. The board shall consist
14 of two county supervisors, two county auditors, a member of
15 the mental health and disability services commission who is
16 not a member of a county board of supervisors, a member of
17 the county finance committee created in chapter 333A who is
18 not an elected official, a representative of a provider of
19 mental health or developmental disabilities services selected
20 from nominees submitted by the Iowa association of community
21 providers, and two ~~central point of coordination process~~
22 staff members of regional administrators of county mental
23 health and disability services, all appointed by the governor,
24 and one member appointed by the director of human services.
25 All members appointed by the governor shall be subject to
26 confirmation by the senate. Members shall serve for three-year
27 terms. A vacancy shall be filled in the same manner as the
28 original appointment. Expenses and other costs of the risk
29 pool board members representing counties shall be paid by the
30 county of origin. Expenses and other costs of risk pool board
31 members who do not represent counties shall be paid from a
32 source determined by the governor. Staff assistance to the
33 board shall be provided by the department of human services and
34 counties. Actuarial expenses and other direct administrative
35 costs shall be charged to the pool.

1 *d.* A ~~county~~ regional administrator must apply to the risk
 2 pool board for assistance from the risk pool on or before
 3 October 31. The purpose of the assistance shall be to provide
 4 financial support for services provided by one or more of the
 5 counties comprising the regional administrator's mental health
 6 and disability services region. The risk pool board shall
 7 make its final decisions on or before December 15 regarding
 8 acceptance or rejection of the applications for assistance and
 9 the total amount accepted shall be considered obligated.

10 *e.* Basic eligibility for risk pool assistance requires that
 11 a ~~county~~ mental health and disability services region meet all
 12 of the following conditions:

13 (1) The ~~county~~ mental health and disability services region
 14 is in compliance with the regional service system management
 15 plan requirements of section ~~331.439~~ 331.393.

16 (2) The ~~county~~ counties comprising the mental health and
 17 disability services region each levied the maximum amount
 18 allowed for the county's services fund under section 331.424A
 19 for the fiscal year of application for risk pool assistance.

20 (3) In the fiscal year that commenced two years prior to the
 21 fiscal year of application, the ~~county's~~ ending balance, under
 22 generally accepted accounting principles, of the mental health
 23 and disability services region's combined services fund ending
 24 balance under generally accepted accounting principles funds
 25 was equal to or less than twenty percent of the ~~county's~~ actual
 26 gross expenditures of the counties comprising the mental health
 27 and disability services region for that fiscal year.

28 *f.* The board shall review the fiscal year-end financial
 29 records for all ~~counties~~ mental health and disability services
 30 regions that are granted risk pool assistance. If the board
 31 determines a ~~county's~~ mental health and disability services
 32 region's actual need for risk pool assistance was less than
 33 the amount of risk pool assistance granted to the ~~county~~
 34 mental health and disability services region, the county
 35 mental health and disability services region shall refund the

1 difference between the amount of assistance granted and the
2 actual need. The ~~county~~ mental health and disability services
3 region shall submit the refund within thirty days of receiving
4 notice from the board. Refunds shall be credited to the risk
5 pool. The mental health and disability services commission
6 shall adopt rules pursuant to chapter 17A providing criteria
7 for the purposes of this ~~lettered~~ paragraph and as necessary to
8 implement the other provisions of this subsection.

9 *g.* The board shall determine application requirements to
10 ensure prudent use of risk pool assistance. The board may
11 accept or reject an application for assistance in whole or in
12 part. The decision of the board is final.

13 *h.* The total amount of risk pool assistance shall be limited
14 to the amount available in the risk pool for a fiscal year. Any
15 unobligated balance in the risk pool at the close of a fiscal
16 year shall remain in the risk pool for distribution in the
17 succeeding fiscal year.

18 *i.* Risk pool assistance shall only be made available to
19 address one or more of the following circumstances:

20 (1) Continuing support for mandated services.

21 (2) Avoiding the need for reduction or elimination of
22 critical services when the reduction or elimination places
23 consumers' health or safety at risk.

24 (3) Avoiding the need for reduction or elimination of a
25 mobile crisis team or other critical emergency services when
26 the reduction or elimination places the public's health or
27 safety at risk.

28 (4) Avoiding the need for reduction or elimination of
29 the services or other support provided to entire disability
30 populations.

31 (5) Avoiding the need for reduction or elimination of
32 services or other support that maintain consumers in a
33 community setting, creating a risk that the consumers would be
34 placed in more restrictive, higher cost settings.

35 *j.* Subject to the amount available and obligated from the

1 risk pool for a fiscal year, the department of human services
 2 shall annually calculate the amount of moneys due to eligible
 3 ~~counties~~ mental health and disability services regions in
 4 accordance with the board's decisions and that amount is
 5 appropriated from the risk pool to the department for payment
 6 of the moneys due. The department shall authorize the issuance
 7 of warrants payable to the ~~county treasurer~~ mental health
 8 and disability services regions for the amounts due and the
 9 warrants shall be issued on or before January 1.

10 *k.* On or before March 1 and September 1 of each fiscal year,
 11 the department of human services shall provide the risk pool
 12 board with a report of the financial condition of each funding
 13 source administered by the board. The report shall include
 14 but is not limited to an itemization of the funding source's
 15 balances, types and amount of revenues credited, and payees
 16 and payment amounts for the expenditures made from the funding
 17 source during the reporting period.

18 *l.* If the board has made its decisions but has determined
 19 that there are otherwise qualifying requests for risk pool
 20 assistance that are beyond the amount available in the risk
 21 pool fund for a fiscal year, the board shall compile a list of
 22 such requests and the supporting information for the requests.
 23 The list and information shall be submitted to the mental
 24 health and disability services commission, the department of
 25 human services, and the general assembly.

26 3. *Incentive pool.*

27 *a.* An incentive pool is created in the property tax relief
 28 fund. The incentive pool shall consist of the moneys credited
 29 to the incentive pool by law.

30 *b.* Moneys available in the incentive pool for a fiscal
 31 year shall be distributed to those ~~counties~~ mental health and
 32 disability services regions that either meet or show progress
 33 toward meeting the purposes and intent described in section
 34 ~~331.439, subsection 1, paragraph "c"~~ 225C.1. The moneys
 35 received by a county region from the incentive pool shall be

1 used to build community capacity to support individuals covered
 2 by the ~~county's~~ region's regional service system management
 3 plan approved under section ~~331.439~~, 331.393 in meeting such
 4 purposes.

5 Sec. 81. REPEAL. Section 226.47, Code 2015, is repealed.

6 EXPLANATION

7 The inclusion of this explanation does not constitute agreement with
 8 the explanation's substance by the members of the general assembly.

9 This bill relates to the redesign of mental health and
 10 disabilities services (MH/DS) administered by regions comprised
 11 of counties. Under the redesign provisions initially enacted
 12 in 2012, each organization of counties as a region is governed
 13 by a Code chapter 28E agreement and the region is to have
 14 an administrative office, organization, or entity formed by
 15 agreement of the counties participating in the region to
 16 function on behalf of those counties, known as the regional
 17 administrator and defined in Code section 331.388. The
 18 redesign legislation maintained the financial responsibility
 19 for MH/DS with each county but provided for the regional
 20 administrator and the regional governance board to assume the
 21 administrative functions on behalf of the county. The bill
 22 makes conforming Code amendments relating to the redesign
 23 legislation.

24 In general, references throughout the Code to the central
 25 point of coordination (CPC) process (codified in Code section
 26 331.440, which was repealed effective July 1, 2013, by 2011
 27 Iowa Acts, ch. 123) are changed to instead refer to regional
 28 administrators; references to the county mental health,
 29 intellectual disability, and developmental disabilities
 30 services fund are changed to mental health and disabilities
 31 services fund (codified in Code section 331.424A, amended by
 32 2012 Iowa Acts, ch. 1120, §132); and references to county
 33 service management plans (codified in Code section 331.439,
 34 repealed effective July 1, 2013, by 2011 Iowa Acts, ch.
 35 123) are changed to instead refer to regional service system

1 management plans approved in accordance with Code section
2 331.393. References throughout the Code to responsibilities
3 for a county to provide or have administrative responsibility
4 for services or other responsibilities in connection with a
5 person in need of mental health or disability services are
6 changed to instead refer to the regional administrator. Prior
7 to the redesign, MH/DS services in each county were delineated
8 in a service management plan adopted by that county, subject
9 to approval by the department of human services (DHS). These
10 individual county plans were replaced by a regional service
11 system management plan effective beginning on July 1, 2014.
12 County MH/DS levy authority and spending authority remains
13 in Code section 331.424A. However, the name of the fund
14 was changed in the redesign legislation but references to
15 the old fund in other Code sections are corrected in the
16 bill. In addition, related Code changes are reflected in this
17 explanation.

18 References to waivers for providers of mental health
19 services approved under Code section 225C.7 to operate in lieu
20 of a community mental health center are stricken because the
21 Code section was repealed by 2014 Iowa Acts, ch. 1092, §152.
22 Code chapter 230A, relating to community mental health centers,
23 was substantially rewritten by 2011 Iowa Acts, ch. 121, and
24 the revisions took effect July 1, 2012. In the rewrite,
25 Code section 230A.107, codified the waiver authorization for
26 a for-profit corporation, nonprofit corporation, or county
27 hospital providing mental health services to county residents
28 pursuant to a waiver approved under section 225C.7, subsection
29 3, Code 2011, as of October 1, 2010, to be designated as a
30 community mental health center under Code chapter 230A. The
31 reference change is applied by the bill in the following Code
32 sections: 135.180, relating to mental health professional
33 shortage area program; 225C.19, relating to emergency mental
34 health crisis services system; and 225C.54, relating to the
35 mental health services system for children and youth.

1 References to the central point of coordination process
2 are changed to instead refer to the regional administrator in
3 the following Code sections: 222.2, providing definitions
4 for Code chapter 222, relating to the state resource centers;
5 222.13, relating to voluntary admissions of persons to a state
6 resource center; 222.59, relating to coordination between a
7 state resource center and county in identifying community-based
8 services for an individual; 222.60, relating to payment
9 of costs by county or state and diagnosis and evaluation
10 requirements; 222.61, relating to determination of a person's
11 residency status; 222.62, relating to the procedure when a
12 person's residency is determined to be another county; 222.63,
13 providing a procedure for a county to object to a residency
14 determination; 222.64, providing a procedure for when a
15 person's residency is determined to be outside of this state or
16 is unknown; 222.73, relating to billing of charges to counties
17 for the state resource centers; 225.11, providing a procedure
18 for commitment of a person to the state psychiatric hospital
19 at the university of Iowa; 225.15, relating to examination and
20 treatment at the state psychiatric hospital; 225.17, relating
21 to examination and treatment of private patients at the state
22 psychiatric hospital when costs are paid by a county; section
23 225C.2, providing definitions for Code chapter 225C; 225C.5,
24 relating to membership of the mental health and disability
25 services commission; section 225C.6, relating to the duties
26 of the MH/DS commission; 225C.14, relating to requirements
27 for a preliminary diagnostic evaluation before a person is
28 admitted to a state mental health institute (MHI); 225C.16,
29 requiring referrals for a preliminary diagnostic or prehearing
30 evaluation for persons desiring voluntary admission to a state
31 MHI; 225C.19, providing requirements for implementation of
32 an emergency mental health crisis services system; 226.9C,
33 relating to the dual diagnosis program at the state mental
34 health institute at Mount Pleasant; 227.10, relating to
35 transfers of patients from county or private facilities

1 for mental health treatment to a state institution; 229.1,
 2 providing definitions for the involuntary commitment Code
 3 chapter; 229.1B, providing that the CPC process applies to
 4 persons who are involuntarily committed; 229.11, relating to
 5 immediate custody of a person who is involuntarily committed;
 6 229.13, relating to evaluation orders for persons who are
 7 involuntarily committed; 229.14, relating to chief medical
 8 officer reports; 229.14A, relating to placement orders; 229.42,
 9 relating to county payment for a person voluntarily admitted to
 10 an MHI; 230.1, relating to the costs and expenses associated
 11 with the commitment of a person with mental illness to a state
 12 hospital; 230.3, relating to a certification of residence for
 13 purposes of charging expenses incurred for a commitment of
 14 a person with a mental illness to a state hospital; 232.2,
 15 relating to the membership of a transition team for a child
 16 adjudicated as a child in need of assistance; 235.7, relating
 17 to transition committees to address transition needs of
 18 children receiving child welfare services who are age 16 or
 19 older; and 426B.5, relating to the membership of the risk pool
 20 board.

21 References to county board of supervisors or to a county
 22 responsibility are changed to instead refer to the regional
 23 administrator or MH/DS region, or to add such a reference in
 24 the following Code sections: 222.6, relating to the catchment
 25 areas for the two state resource centers; 222.12, relating to
 26 investigations of deaths at a state resource center; 222.13,
 27 relating to referrals for voluntary admissions of adults to
 28 a state resource center; 222.14, relating to care provided
 29 pending admission of a person to a state resource center;
 30 222.63, relating to determination of residency findings;
 31 222.92, relating to the use of net budgeting by the state
 32 resource centers; 225.1, providing definitions for the
 33 state psychiatric hospital Code chapter; 225.10, relating
 34 to voluntary patients at the state psychiatric hospital;
 35 225.12, relating to reports concerning voluntary public

1 patients at the state psychiatric hospital; 225.13, relating
2 to investigations of the financial condition of persons being
3 admitted to the state psychiatric hospital; 225.16, relating to
4 admission of voluntary public patients to the state psychiatric
5 hospital; 225.18, relating to appointment of attendants to
6 accompany committed persons to or from the hospital; 225.19,
7 relating to compensation of attendants; 225.21, relating to
8 claims for compensation of attendants; 225.24, relating to
9 county collection of the costs of care provided at the state
10 psychiatric hospital; 225.27, requiring notice of the discharge
11 or transfer of a patient from the state psychiatric hospital;
12 225C.13, authorizing DHS to lease portions of MHIs to certain
13 public and private organizations; 225C.14, 225C.15, 225C.16,
14 and 225C.17, relating to preliminary diagnostic evaluations
15 of persons with respect to admission to an MHI, county policy
16 regarding the evaluations, referral of voluntary patients
17 for the evaluations, and the use of alternative diagnostic
18 facilities for the evaluations; 225C.20, relating to provision
19 of individual case management services under the medical
20 assistance (Medicaid) program by counties; 226.32, requiring
21 notice to a county when a voluntary patient is discharged to
22 relieve overcrowding; 226.34, requiring notice when a patient
23 at an MHI dies; 227.1, relating to supervision of county and
24 private institutions for persons with mental illness or an
25 intellectual disability (often referred to as "county care
26 facilities") is amended to provide definitions for the Code
27 chapter including DHS and the MH/DS regions; 227.2, relating
28 to state inspection of county facilities; 227.4, relating
29 to standards adoption pertaining to county care facilities;
30 227.11, relating to transfers of patients from state hospitals;
31 227.12, relating to civil trials when there is a disagreement
32 between DHS and the authorities in charge of a county care
33 facility as to transfer of patients; 227.14, relating to care
34 provided at a county care facility to patients from another
35 county; 229.2 and 229.8, relating to compensation of attorneys

1 for minors applying for voluntary admission to an MHI and
2 respondents in involuntary commitment proceedings; 229.10,
3 relating to the payment of examinations with county funds;
4 229.19, relating to mental health advocates; 229.24, relating
5 to confidential records in involuntary commitment proceedings;
6 426B.2, relating to property tax relief fund payments; and
7 426B.5, relating to the risk pool and the incentive pool within
8 the property tax relief fund.

9 References to county management plans developed pursuant to
10 repealed Code section 331.439 are changed to regional service
11 system management plans implemented in accordance with Code
12 section 331.393 in the following Code sections: 222.60,
13 relating to payment of costs at a state resource center by
14 county or state and diagnosis and evaluation requirements;
15 222.73, relating to billing of per diem costs at a state
16 resource center; 235A.15 and 235B.6, relating to access to
17 child and dependent adult abuse registry record checks for
18 employment by an agency providing services under a plan;
19 426B.2, relating to property tax relief fund payments; and
20 426B.5, relating to the risk and incentive pools of the
21 property tax relief fund.

22 Current law in Code sections 222.73 and 230.20, limits an
23 increase in the per diem changed to a county for services
24 provided at a state resource center or a state mental health
25 institute to the percentage increase in the allowed growth
26 factor adjustment, a funding formula provision repealed by the
27 redesign. The bill instead references the per capita growth
28 amount, which replaced the repealed allowed growth factor in
29 the redesign legislation.

30 Code sections 222.13 and 222.13A, relating to voluntary
31 admissions to the state resource centers in general and
32 for minors in particular, are amended by providing for the
33 department of human services to assume responsibilities for
34 voluntary admissions of minors instead of counties. Code
35 section 222.60, relating to financial responsibilities of the

1 state and counties for the cost of admission or commitment or
2 for the treatment, training, instruction, care, habilitation,
3 support, and transportation of persons with an intellectual
4 disability, is amended. The amendment specifies the county
5 responsibility is present if the person is not eligible for
6 the medical assistance (Medicaid) program and the service is
7 covered by the regional service system management plan and
8 the state is responsible when the person is eligible for the
9 Medicaid program or is a state case.

10 Code section 226.47, a single definition Code section which
11 is replaced in the bill by amending Code section 226.1 to
12 provide a multiple definition Code section, is repealed.